



# The Interim Task Force on the Prevention of Sexual Abuse of Children

(Report to the General Assembly, December 2016)

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## I. Executive Summary

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly and the State Board of Education with 22 recommendations within the broad categories of community-based child sexual abuse and prevention, professional training and technical assistance, multidisciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes. Areas for further study were also identified.

The Task Force was reauthorized during the 2013 legislative session to continue to study the issue of sexual abuse of children (Section 160.2100, RSMo). Committed experts are meeting as an Interim Task Force to further this work until members are officially appointed. They are focusing on four specific recommendations identified in the 2012 report:

1. Standardized training for mandated reporters;
2. Best practices and standards for multidisciplinary teams, law enforcement, prosecutors, and medical providers;
3. Youth with illegal or inappropriate sexual behaviors; and
4. Mental health services for sexually abused children.



The Interim Task Force met quarterly during 2016. Each of the quarterly meetings focused on the work of subcommittees assigned to each priority area, legislative strategies and updates on issues and research within the scope of work for the task force. There were several successes this year:

1. Mandated reporter on-line training was completed and piloted during 2016 and will be made available, free of charge, to mandated reporters across Missouri.
2. \$1.25 million was appropriated for a new Medicaid code for evidence-based mental health services for children served by Child Advocacy Centers. Evidence-based mental health treatment models have been proven to reduce the long-term effects of trauma for children. Unfortunately, low Medicaid reimbursement rates discourage providers from offering evidence-based treatment models. Bringing reimbursement for care closer to the actual cost of delivering evidence-based treatment will incentivize evidence-based practice and service provision to abused children.
3. \$408,000 was appropriated for 10 additional Children's Division workers to provide family assessments to youth with problem sexual behavior. As a result of Senate Bill 341 (Section 210.148, RSMo), passed in the 2015 legislative session, Children's Division has been overwhelmed by the amount of hotline calls they have received related to youth with problem sexual behaviors or child-on-child sexual abuse. This funding will allow the Division to hire 10 additional staff to meet the demand of the law, ensuring safe and appropriate implementation of this new process.
4. House Bill 1562 (Sections 510.035, 545.950, 565.225, and 566.209, RSMo): Confidentiality for Evidence in Child Sexual Abuse Cases became law. This bill:
  - a. prohibits Child Advocacy Centers, health care providers and multidisciplinary team (MDT) members from copying and sharing forensic interviews and medical exam photos of child sex abuse victims without a court hearing and a protective order.
  - b. allows sharing without a court order among MDT teams and with other groups with a legitimate interest and responsibility in investigating child abuse.
  - c. allows for sharing with the defense as required by Supreme Court Rule, but prohibits the defendant from having a copy of the evidence.
  - d. ensures forensic interviews in court records of sexual assault victims are closed and prohibited from public disclosure after trial.
  - e. includes advertising of sex trafficking in the definition of the offense of sex trafficking.
5. Senate Bill 638 (Sections 161.1050 and 161.1055, RSMo): Trauma Informed Schools became law. This bill contains provisions that require DESE to create a Trauma Informed Schools Initiative and, subject to appropriation, a pilot program in select Missouri schools. The Task Force on the Prevention of Sexual Abuse of Children has prioritized creating a Trauma Informed schools initiative in Missouri.

## II. Background Information

The Missouri General Assembly created the Task Force on the Prevention of Sexual Abuse of Children during the 2011 legislative session with the passage of HB 505 (Section 160.2100, RSMo). This legislation further clarified state statutes on child abuse and neglect. There were several major components of the law:

1. The inclusion of charter schools in the regulations;
2. A requirement that each board of education, or governing body of each charter school, adopt and implement training guidelines and an annual training program for all school employees who are mandatory reporters of child abuse or neglect;
3. The training shall emphasize the importance of mandatory reporting of abuse including the obligation of mandated reporters to report suspected abuse by other mandated reporters. It should also include information on how to establish an atmosphere of trust so that students feel their school has concerned adults with whom they feel comfortable discussing matters related to abuse; and
4. A requirement that all mandatory reporters shall, upon finding reasonable cause, directly and immediately report suspected child abuse or neglect.

The initial Task Force was charged with studying and identifying strategies for preventing child sexual abuse and met for the first time in January 2012. During that year, the Task Force conducted four public hearings and heard from 35 experts of different backgrounds involved in the prevention, intervention, and treatment of child sexual abuse. This process resulted in the Task Force members reaching consensus on 22 recommendations for the final report. This report was issued to the Governor, Missouri General Assembly, and the State Board of Education on December 31, 2012.

The original authority for the Task Force was completed once the report was issued; however, the group chose to remain a “task force” to ensure implementation of the recommendations. The group met throughout 2013 and focused on four of the 22 recommendations:

1. Standardized training for mandated reporters;
2. Best practices and standards for multidisciplinary teams, law enforcement, prosecutors, and medical providers;
3. Youth with illegal or inappropriate sexual behaviors; and
4. Mental health services for sexually abused children.

The Task Force was reauthorized by the General Assembly in 2013 to continue gathering information concerning child sexual abuse and receiving reports and testimony from individuals, state and local agencies and community-based, public and private organizations, and to create goals for state policy. In addition, Section 160.2100, RSMo requires the Department of Elementary and Secondary Education, in collaboration with the Task Force, make yearly reports to the General Assembly on the Department’s progress in preventing child sexual abuse.

The current Interim Task Force is operating as a group of committed stakeholders who want to take steps to prevent child sexual abuse. (See Appendix I for the list of Interim Task Force and work group members.)

Data from their most recent annual report indicate the Children's Division received more than 68,000 hotline calls, involving more than 100,000 children, during calendar year 2015. Children's Division service workers determined there was reasonable cause abuse/neglect occurred toward 6,244 Missouri children. Of those 6,244 victims of abuse and neglect, 1,328 children suffered from sexual abuse. There is a critical need in Missouri to address this problem and to support child victims and their families.

The following table, from the Children's Division Child Abuse and Neglect 2015 annual report, summarizes the number and type of abuse and neglect substantiated during the reporting period January 1 through December 31, 2015:

**Substantiated Children by Category of Abuse/Neglect, 2015**

	Number	Percent
Neglect	3,652	58.5%
Physical Abuse	1,421	22.8%
Sexual Abuse	1,328	21.3%
Emotional Abuse	309	4.9%
Medical Neglect	171	2.7%
Educational Neglect	84	1.3%

The percent column represents the percentage of 6,244 total substantiated children. Percent total is greater than 100 because a child may be substantiated for up to six categories of abuse/neglect.

Fondling or touching was the most frequent worker finding for sexually abused children. The 10 most often reported worker findings for sexually abused children are shown below:

**Worker Findings for Neglected Children during FY 2015**

	Number	Percent
Lack of supervision	2,533	69.4%
Unsafe/inadequate shelter	1,044	28.6%
Unsanitary living conditions	641	17.6%
Failure to protect	273	7.5%
Methamphetamine lab exposure	125	3.4%
Lack of food	119	3.3%
Locking in or out, expelling from home	84	2.3%
Blaming, verbal abuse, threatening	76	2.1%
Poor hygiene (health threatening)	73	2.0%
Bruises, welts, red marks	71	1.9%

The percent column is the percentage of 1,328 substantiated sexually abused children. Percent total is greater than 100 because multiple findings may be found for a child.

\*Missouri Children's Division. Child Abuse and Neglect Fiscal Year 2015 Annual Report. (2016).

### III. Goals, Recommendations and Outcomes

The goals and recommendations below include information provided to the Department of Elementary and Secondary Education from the Interim Task Force work group through the fall of 2016. This includes information from the Interim Task Force as well as subcommittees assigned by the Interim Task Force to address specific goals. The work of the Interim Task Force will continue to address these and other emerging issues during 2017.

#### **Priority 1: Standardized training for mandated reporters**

The goal of this priority area is to provide comprehensive training so that all mandated reporters have the knowledge, skills, and dispositions to effectively identify, and then report, child abuse, sexual abuse and neglect.

#### **Interim Task Force recommended actions to address this priority during 2016**

1. Finalize instructional modules;
2. Develop delivery platform for instructional modules; and
3. Pilot the training with a variety of stakeholder groups and update modules as appropriate using feedback from pilot project.

#### **Outcomes for 2016**

The Standardized Training for Mandated Reporters work group completed four dynamic instructional modules. The modules include lessons on:

- The legal requirements of mandated reporters;
- Indicators of child abuse and neglect;
- Responding to suspicion, discovery or disclosure of child abuse and neglect; and
- Effectively reporting child abuse and neglect.

In addition to the instructional modules, a Frequently Asked Questions document was developed which will be continually updated and made available on partner websites along with the training. The work group continues to work with the University of Missouri on content and platform and contracted with Tuva Interactive to complete the program design. The Missouri Department of Elementary and Secondary

Education, Children's Trust Fund, Department of Mental Health, Department of Health and Senior Services, Missouri KidsFirst, and the University of Missouri Extension School of Medicine all partnered with the Interim Task Force and provided funding to complete this project.

The Department of Elementary and Secondary Education has the statutory responsibility to make certain Missouri's public school districts are compliant with legislation and State Board of Education regulations. In order to ensure this, all districts must complete the Missouri School Improvement Program (MSIP) Items Not Waived Checklist. Among the assurances are two areas relative to mandatory reporting of suspected child abuse or neglect.

The Items Not Waived Checklist is updated annually. School superintendents assure their districts' compliance by completing, signing, and returning the form by a specified date to the Department of Elementary and Secondary Education. (See Appendix II for the Items Not Waived Checklist 2016-2017.)

## **Priority 2: Best practices and standards for Multidisciplinary Teams (MDT), law enforcement, prosecutors, and medical providers**

The goal of this priority is to identify and develop effective and objective protocols and standards to evaluate the efficacy of multidisciplinary teams working with children and families.

### **Interim Task Force recommended actions to address this priority during 2016**

1. Work with the University of Missouri-Kansas City Institute for Human Development and Missouri KidsFirst to develop a survey that identifies the key functions of MDT
2. Complete MDT Assessment Tools; and
3. Train local teams on the use and implementation of the new resources.

### **Outcomes for 2016**

Eight hundred thirty-seven members of MDT from the 15 Missouri Child Advocacy Centers completed the 45-item Child Advocacy Center MDT Assessment survey between May and June 2016. The MDT Assessment included 45 items addressing team functioning. Five subscales of the Child Advocacy Center MDT Assessment survey focused on these aspects of team functioning:

- Collaboration Subscale (13 items);
- Membership Subscale (5 items);
- Engagement Subscale (8 items);
- Process Subscale (13 items); and
- Teamwork Skills Subscale (6 items).

Findings suggest high functioning of the teams in each of these areas.

MDT assessment tools and training have taken place.

Although not initially a goal for 2016, and in response to issues brought forth by the Task Force, the attorneys at the Missouri School Boards' Association have partnered with representatives from the juvenile justice system to address the issue of the ability of law enforcement officials to interview students at school. The group's goal is to create guidelines to provide to schools, law enforcement officials, prosecutors, and Children's Division employees. The guidelines will outline the current law, best practices and other recommendations to follow when interviewing students at school.

Missouri Office of Prosecution Services (MOPS) received funding from the Children's Justice Act Task Force for a child abuse prosecutor fellowship. This new position will be an asset as MOPS continues to provide timely and appropriate services to children and families.

Missouri House Bill 1562 was passed and signed into law by the governor in June 2016. This bill has the following provisions that will assist MDTs across the state:

- Prohibits Child Advocacy Centers, health care providers and MDT members from copying and sharing forensic interviews and medical exam photos of child sex abuse victims without a court hearing and a protective order;
- Allows sharing without a court order among MDT teams and with other groups with a legitimate interest and responsibility in investigating child abuse;
- Allows for sharing with the defense as required by Supreme Court Rule but prohibits the defendant from having a copy of the evidence; and
- Ensures forensic interviews in court records of sexual assault victims are closed and prohibited from public disclosure after trial.

### **Priority 3: Youth with illegal or inappropriate sexual behaviors**

The goal of this priority area is to identify and fund evidenced-based, early intervention, and treatment for youth with illegal or inappropriate sexual behaviors.

#### **Interim Task Force recommended actions to address this priority during 2016**

1. Establish funding to support evidence-based treatment for youth with sexual behavior problems.
2. Establish annual training for juvenile and family court judiciary to enhance their understanding of best and promising practices, the benefits of early intervention for youth with sexual behavior problems, and the role of Children's Division and qualified mental health providers. Additionally, training should include information on victim services and advocacy.
3. Establish certification or licensing requirements for mental health practitioners who provide treatment to youth with sexual behavior problems in order to ensure quality clinical services and promote optimal outcomes for children and families.

#### **Outcomes for 2016**

The greatest immediate need identified by the work group for 2016 was to increase the accessibility to qualified mental health providers trained in evidence-based treatment models. This is a critical first step before any movement can be made to establish certification or licensing requirements for ensuring that quality clinical services are available to youth. To that end, the work group partnered with The Missouri Children's Trauma Network to secure funding for mental health professionals to participate in a Learning Collaborative for Problem Sexual Behavior – Cognitive-Behavioral Therapy Model for School-Aged Children and their Caregivers. The learning collaborative will begin in January 2017. It is anticipated that six teams of four mental health professionals will participate in the learning collaborative.

The work group also provided professional training to enhance the understanding of best and promising practices; the benefits of early intervention for youth with sexual behavior problems; and the role of Children's Division, law enforcement, juvenile officers and qualified mental health providers. The Missouri Juvenile Justice Association partnered with Missouri KidsFirst and Metropolitan Organization to Counter Sexual Assault (MOCSA) with funds provided by Office of State Court Administrator (OSCA) Juvenile Court Improvement Project-Court Improvement Grant to offer "Using a Multidisciplinary Approach to Respond to Reports of Youth with Sexual Behavior Problems" training. The training is designed to improve the multidisciplinary team response of and among professionals tasked with responding to reports of youth with sexual behavior problems, including Children's Division, law enforcement, Juvenile Officers, child advocacy center staff, and mental health providers. Fifty people attended the first training in October 2016. The work group is looking for funding to offer this training in several other regions of Missouri in 2017.

#### **Priority 4: Mental health services for sexually abused children**

The goal of this priority area is to identify and fund the expansion of mental health services to children who have been sexually abused. The following recommendations center on screening and building a network of services and providers. They also address financial incentives and current structural disincentives, promote availability of services, and promote trauma-informed practices and agencies.

#### **Interim Task Force recommended actions to address this priority**

1. Build a network of mental health providers trained in trauma-informed, evidence-based mental health treatments for children. The network would:
  - identify appropriate screening and assessment tools;
  - select the evidence-based models that would be supported by the network;
  - set standards for providers to be a part of the network, including the level and rigor of training required and how to determine mastery of skills;
  - maintain a list of providers who have training in evidence-based models;
  - provide ongoing training or learning collaboratives in evidence-based practices;
  - provide ongoing consultation and technical assistance to providers;
  - provide targeted grants for facility upgrades necessary for certain empirically supported models;
  - create a process to refer children who screen positive for trauma to providers in the network; and
  - track and organize information on available services, initiatives, trainings and data on the provision of mental health services to sexually abused children.

#### **Outcomes for 2016**

The Missouri Children's Trauma Network is a group of clinicians and advocates dedicated to expanding access to evidence-based mental health treatment for traumatized children. The Network promotes the healing of children by:

- training clinicians in evidence-based models;
- improving screening, assessment and referral of traumatized children;
- identifying and working to address systematic barriers to implementation of evidence-based services; and
- collecting data on treatment outcomes to demonstrate value.

The Network has provided training on motivational interviewing, problem sexual behavior and cognitive behavioral therapy (PSB-CBT), trauma-focused cognitive behavioral therapy (TFCBT), and eye movement desensitization and reprocessing techniques (EMDR). The Network provided a Missouri Children's Trauma Network Training Summit in the spring of 2016 and has plans to provide a second summit in May 2017.

This network is a direct result of the work of the Task Force on Child Sexual Abuse and is now an independent entity sponsored by the Missouri Coalition for Community Behavioral Healthcare and Missouri KidsFirst. The Network provides help and support to integrate trauma-informed practices in child-serving agencies and schools throughout Missouri.

## IV. Future Work of the Interim Task Force on Child Abuse and Neglect

Throughout 2016, the Interim Task Force identified, and was informed by, experts from various departments and agencies, adults who endured sexual abuse as children, and leaders from organizations and schools that are implementing promising practices. The work of the Interim Task Force on Child Sexual Abuse continues to focus on the four core areas identified in 2012:

1. Standardized training for mandated reporters;
2. Best practices and standards for multidisciplinary teams, law enforcement, prosecutors, and medical providers;
3. Youth with illegal or inappropriate sexual behaviors; and
4. Mental health services for sexually abused children.

The Interim Task Force refined and furthered the work of the original Task Force and, although tremendous gains were made in 2016, the effort continues. Here are some considerations for 2017:

1. Evaluate roll-out of mandated reporter training;
2. Continue to study and identify strategies for preventing child sexual abuse;
3. Build foundational support and develop independent coalitions to promote and encourage successes such as the Missouri Children's Trauma Network; and
4. Continue to identify and address areas that warrant additional focus in the effort to address child sexual abuse in Missouri.

The core work of the Interim Task Force for 2017 will be to address these goals and recommendations.

## Appendix I

### INTERIM TASK FORCE AND SUBCOMMITTEE MEMBERS

During 2016, the dedication and expertise of the Interim Task Force for Child Sexual Abuse has been an invaluable resource as work continues to develop and frame policy that effectively addresses the needs of child abuse victims and their families. The following individuals have participated:

- **Emily Van Schenkhof, Chair, Missouri KidsFirst**
- Jennifer Carter-Dochler, Missouri Coalition Against Domestic and Sexual Violence
- Jerry Cox, Fort Zumwalt R-II School District
- Joyce Estes, Northwest Missouri Children's Advocacy Center
- Heidi Geisbuhler, Office of Senator Bob Dixon
- Greg Holtmeyer, The Phoenix Project
- Rhonda Kane, Francis Howell School District
- Nate Kempf, Missouri KidsFirst
- Keith Ray Mackie, Office of Senator Bob Dixon
- Matt Moncado, Good Samaritan Boys Ranch
- Jill Mueth, University of Missouri-St. Louis
- Gwen O'Brien, Synergy Services, Inc.
- Joy Oesterly, Missouri KidsFirst
- Ashley Ramsdale, Good Samaritan Boys Ranch
- Janice Rehak, Department of Elementary and Secondary Education
- Kirk Schreiber, Children's Trust Fund of Missouri
- Carmen Schulze, Great Circle
- Linda Shaw, Cardinal Glennon Children's Hospital
- Melissa Smyser, Department of Mental Health
- Nancy Spargo, St. Louis Center for Family Development
- Sissy Swift, The Child Center
- Cherisse Thibaut, Missouri KidsFirst
- Catherine Vannier, Missouri Office of Prosecution Services
- Kate Watson, Office of Child Advocate
- Kara Wilcox-Bauer, Department of Social Services
- Melody Yancey, Department of Social Services
- Rene Yoesel, Department of Elementary and Secondary Education
- Melody York, Department of Mental Health

#### Mandated Reporter Subcommittee Member List

- **Cherisse Thibaut, Chair, Missouri KidsFirst**
- Jennifer Carter Dochler, Co-Chair, Missouri Coalition Against Domestic and Sexual Violence
- Angela Barrott, Jewish Family and Children's Service
- Tanya Burrell, Children's Mercy Hospitals
- Corlis Burton, Family Care Health Centers
- Velynda Cameron, University of Missouri Extension
- Dorothy Denny, Children's Advocacy Services of Greater St. Louis
- Kim Downs, Smithville School District
- Tammy Gillespie, 4-H Missouri Extension
- Carolyn Green, Child Safe of Central Missouri, Inc.

- Mannie Hall, University of Missouri School of Medicine
- Tammy Hawk, Central Missouri Community Action
- Micki Lane, The Child Advocacy Center, Inc.
- Jill Mueth, University of Missouri-St. Louis
- Gwen O'Brien, Synergy Services, Inc.
- Laura Person, Child Abuse Prevention Association
- Janice Rehak, Department of Elementary and Secondary Education
- Sheila Stender, The Child Center, Inc.
- Kara Wilcox-Bauer, Department of Social Services

#### **Multidisciplinary Team Subcommittee Member List**

- **Catherine Vannier, Chair, Missouri Office of Prosecution Services**
- Kimberly Allan, Child Safe of Central Missouri
- Teri Armistead, Office of Child Advocate
- Adrienne Atzemis, St. Louis Children's Hospital
- Katie Blaine, Missouri Office of Prosecution Services
- Paul Boyd, Scott County Prosecuting Attorney
- Joyce Estes, Northwest Missouri Children's Advocacy Center
- Amy Fite, Christian County Prosecuting Attorney
- Kathy Fuger, University of Missouri-Kansas City
- Jane Geiler, Jefferson County Guardian Ad Litem Program
- Annie Gibson, Daviess County Prosecuting Attorney
- Kathy Hartman, Community Treatment, Inc.
- Rodney Jones, retired, former chief of State Technical Assistance Team
- Verna Kelsey, North Central Children's Advocacy Center
- Matt Lindemeyer, State Technical Assistance Team
- Linda McQuary, Children's Advocacy Center of Greater St. Louis
- Gwen O'Brien, Synergy Services, Inc.
- Joy Oesterly, Missouri KidsFirst
- Kristi Patterson, Ozark Family Resource Agency's Foothills Child Advocacy Center
- Kate Schaefer, Buchanan County Assistant Prosecuting Attorney
- Dwight Scroggins, Buchanan County Prosecuting Attorney
- Chris Seufert, Platte County Assistant Prosecuting Attorney
- Jerri Sites, Rainbow House
- Melissa Smyser, Department of Mental Health
- John Steinmeyer, Department of Social Services
- Scott Summers, Missouri School Boards' Association
- Bev Tucker, University of Missouri-St. Louis
- Kristen Tuohy, Christian County Assistant Prosecuting Attorney
- Emily Van Schenkhof, Missouri KidsFirst
- Shannon Stephens, Christian County Prosecuting Attorney's Office
- Loretta Welter, Scott County Prosecuting Attorney Victim Advocate
- Faith Wernhoff, Rainbow House
- Kara Wilcox-Bauer, Department of Social Services
- Annie Wilson, Missouri KidsFirst
- Janet Wright, Clay County Family Court

#### **Youth with Inappropriate Sexual Behaviors Subcommittee Member List**

- **Julie Donelon, Chair, Metropolitan Organization to Counter Sexual Assault**
- Theresa Byrd, Jackson County Family Court

- Marie Clark, Behavioral Science Institute, Inc.
- Marcia Hazelhorst, Missouri Juvenile Justice Association
- Matthew Huffman, Missouri Coalition Against Domestic and Sexual Violence (MCADSV)
- Keith Ray Mackie, Office of Senator Bob Dixon
- Rene McCreary, Metropolitan Organization to Counter Sexual Assault
- Lisa Mizell, Child Protection Center
- Matthew J. Moncado, Good Samaritan Boys Ranch
- Stephanie Myers, Greene County Juvenile Justice Center
- Bev Newman, 17th Judicial Circuit, Juvenile Division
- Kelly Schultz, Office of Child Advocate
- Keri Talken, Department of Social Services
- Emily Van Schenkhof, Missouri KidsFirst
- Kara Wilcox-Bauer, Department of Social Services
- Melody York, Department of Mental Health

## Appendix II

### MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF QUALITY SCHOOLS – MISSOURI SCHOOL IMPROVEMENT PROGRAM

### MISSOURI SCHOOL IMPROVEMENT PROGRAM ITEMS NOT WAIVED CHECKLIST 2016-2017

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT CONTACT NAME	DISTRICT CONTACT PHONE NUMBER
DISTRICT CONTACT EMAIL	FORM DUE DATE <b>November 30, 2016</b>
	CURRENT SCHOOL YEAR <b>2016-2017</b>

#### INSTRUCTIONS

The Missouri Department of Elementary and Secondary Education (DESE) has the statutory responsibility to ensure Missouri's public school districts are compliant with state and federal laws and State Board of Education regulations. All districts must annually complete the Missouri School Improvement Program (MSIP) Items Not Waived Checklist <http://www.dese.mo.gov/divimprove/sia/msip/documents/qs-si-msip-items-not-waived-cklst.pdf>.

Mark each item as **Yes, No, K-8, or N/A** (not applicable). If answering No or N/A, provide explanation in the comment box below.

**Postmarked** by the **Due Date above**.

**MAIL** the completed form by the **Due Date above** to: Missouri School Improvement Program, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480.  
OR

**EMAIL** the completed form by the **Due Date above** to [msip@dese.mo.gov](mailto:msip@dese.mo.gov) or FAX to (573) 522-1759.

**QUESTIONS:** Contact your area supervisor or the School Improvement Section at 573-751-4426 or [msip@dese.mo.gov](mailto:msip@dese.mo.gov).

#### ASSURANCES

The superintendent assures compliance with each of the items by completing the checklist and signing this form.

SIGNATURE OF SUPERINTENDENT	DATE
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#### COMMENTS

Comment(s) if answering No or N/A to any item.

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## MSIP ITEMS NOT WAIVED CHECKLIST

Yes	1. The district complies with state high school graduation requirements (5 CSR 20-100.190) (section 170.345, RSMo) (MSIP 5 Resource Standard R-3).
Yes	2. The district provides regular instruction in the <i>United States and Missouri Constitutions</i> , as well as American History, American Institutions and American Civics. Unless an exception applies, students are required to successfully complete a course of such instruction that is at least one semester in length, as required by section 170.011, RSMo (MSIP 5 Resource Standards R-1 and R-2).
	3. All administrators and teachers are appropriately licensed or certificated to teach in Missouri public schools (substitute certificates are not appropriately certified) (5 CSR 20-100.255) (section 168.011, RSMo) (MSIP 5 Resource Standard R-10).
	Yes Superintendent (5 CSR 20-100.105)(MSIP 5 Resource Standard R-7)
	Yes Principals (MSIP 5 Resource Standard R-9)
	Yes Teachers (MSIP 5 Resource Standard R-10)
	Yes Other certificated staff (MSIP 5 Resource Standards R-5, R-6, R-8, and R-10)
Yes	4. The district has aligned all curricular areas to the Show-Me Standards as required in section 160.514, RSMo (MSIP 5 Process Standard I-5).
Yes	5. The district reports school dropouts to the Missouri Literacy Hot Line (section 167.275, RSMo).
Yes	6. The district meets state and federal special education requirements for students with disabilities, economically disadvantaged students, migratory children, students whose native or home language is other than English, and homeless youth (5 CSR 20-100.130) (5 CSR 20-100.140) (5 CSR 20-300.110 to .200) (MSIP 5 Process Standard G-5).
Yes	7. The district complies with all the regulations of the state and federal programs in which the district participates (5 CSR 20-100.130, 5 CSR 20-100.140, and 5 CSR 20-300.110 to .200) (MSIP 5 Process Standard G-5).
Yes	8. The district has a written discipline policy, provides the policy to students, parents, and guardians and follows the requirements of section 160.261, RSMo. (MSIP 5 Process Standard I-8).
Yes	9. The district provides professional development programs and services as required by sections 168.400 and 160.530, RSMo (MSIP 5 Process Standard TL-2).
Yes	10. Board of education members are trained as prescribed by section 162.203, RSMo (MSIP 5 Process Standard G-7).
Yes	11. The district meets the salary compliance requirements and the minimum salary requirements as defined in section 163.172, RSMo.
Yes	12. The district's community, through the board of education, provides sufficient financial resources and the district is not currently identified as a "financially stressed district" as defined in section 161.520, RSMo (MSIP 5 Process Standard G-8).
Yes	13. The district annually reviews its Comprehensive School Improvement Plan and updates it if necessary (5 CSR 20-100.105) (MSIP 5 Process Standard G-2).
Yes	14. The district provides a safe physical environment for students (sections 160.261 and 160.660, RSMo) (MSIP 5 Process Standards G-6 and G-8).
Yes	15. The district implements effective and efficient fiscal management systems that ensure accountability of district funds (5 CSR 30-4.030) (MSIP 5 Process Standard G-8).
Yes	16. The district maintains immunization records as required by statute (sections 167.181 and 167.183, RSMo).
Yes	17. The district complies with all statutes related to the transportation of students (sections 162.621, 167.231, 167.241, and 163.161, RSMo).

## ADDENDUM TO MSIP ITEMS NOT WAIVED CHECKLIST

Yes	1. The district provides one-half unit of high school health and personal finance credit for graduates (5 CSR 20-100.190).
	2. The district employs appropriate procedures to assure the accurate and timely reporting of data to state and federal agencies. Yes Core Data and Missouri Student Identification System (MOSIS) (section 161.092, RSMo). Yes Self-Monitoring Documents Yes Child Abuse and Neglect Hotline (section 210.145, RSMo). Yes Safe Schools Act (sections 160.261, 160.522, 160.660, 160.700, 161.210, 161.650, 162.680, 163.031, 167.020, 167.023, 167.026, 167.029, 167.113, 167.115, 167.117, 167.161, 167.164, 167.171, 167.335, 167.624, 167.627, 170.260, 195.017, 195.214, 195.246, 195.248, 210.865, 211.188, 302.272, 304.076, 475.060, 569.155, 571.010, 571.030, 574.085, 574.115, and 575.090, RSMo), and Drug-Free Schools and Communities (sections 161.500 to 161.508, RSMo).
Yes	3. The district has adopted an antibullying policy that includes the required components as outlined in section 160.775, RSMo, is distributed in the student handbook and has provided training of employees in the requirements of the policy.
Yes	4. The district is in compliance with the <a href="#">requirements</a> on <a href="#">earthquake</a> safety in accordance with statute (sections 160.451, 160.453 160.455, and 160.457 RSMo).
Yes	5. The district has developed standards for teaching (section 160.045, RSMo) (MSIP 5 Process Standard TL-1).
Yes	6. The district has designated a staff person to be an educational liaison for foster care children (section 167.018, RSMo).
Yes	7. The district has adopted policies to prohibit confining a student in an unattended, locked space except for an emergency situation while awaiting the arrival of law enforcement personnel (section 160.263, RSMo).
Yes	8. The district has adopted a written policy that addresses the use of restrictive behavioral interventions as a form of discipline or behavior management technique (section 160.263, RSMo).
Yes	9. The district ensures that students in elementary schools participate in moderate physical activity, as described in statute, for an average of one hundred fifty minutes per week or thirty minutes per day. Students with disabilities must participate to the extent appropriate (section 167.720, RSMo).
Yes	10. The district ensures that elementary school students be provided a minimum of one recess period of twenty minutes per day, which may be incorporated into the lunch period (section 167.720, RSMo).
Yes	11. The district has adopted a policy on allergy prevention and response with priority given to addressing potentially deadly food-borne allergies (section 167.208, RSMo).
Yes	12. The district has adopted a policy to address allegations of sexual misconduct by a teacher or any school employee (section 160.261, RSMo).
Yes	13. The district has adopted a written policy relating to information that the district will provide about former employees (certified and non-certified) to other public schools (section 162.068, RSMo).
Yes	14. The district has adopted a policy related to appropriate employee-student communications, including but not limited to, verbal communication, electronic media, and social networking (section 162.069, RSMo).
Yes	15. The district includes in its annual school accountability report card whether the district currently has a state-approved gifted education program and the percentage and number of students being served by the program (section 160.522, RSMo).
Yes	16. The district implements specified criteria regarding the enrollment and educational success of foster care children (sections 160.1990, 167.019, and 210.1050, RSMo).
Yes	17. All school personnel shall participate in a simulated active shooter and intruder response drill conducted by law enforcement professionals, as described in statute. Program instructors must be certified by the Department of Public Safety's Peace Officers Standards Training Commission (section 170.315, RSMo).
Yes	18. The district waives proof of residency requirements for a child whose parent or guardian is serving on specified active duty military orders (sections 160.2000 and 167.020, RSMo).
Yes	19. The district requires the reporting of child abuse, including allegations of sexual misconduct involving a teacher or other employee of the district, in accordance with law (sections 160.261 and 210.115.1, RSMo).
Yes	20. The district provides adequate instruction in physical education and fine arts (5 CSR 20-100.105).
Yes	21. The district has adopted a policy consistent with the Missouri Student Religious Liberties Act (section

	160.2500, RSMo).
Yes	22. If the district elects to appoint school protection officers, the district abides by all conditions set forth in statute (section 160.665, RSMo).
Yes	23. The district ensures that all educators in its employ who hold a career continuous certificate complete a minimum of fifteen contact hours of professional development annually unless exempt (section 168.021, RSMo).
Yes	24. The district shall establish a written policy on student participation in statewide assessments (section 160.570.2, RSMo).
Yes	25. The district has adopted or developed curriculum used by the district (section 160.514, RSMo).
Yes	26. The district complies with state law regarding the effective evaluation of educators (5 CSR 20-400.375) (section 168.128, RSMo).
Yes	27. The district course materials relating to sexual education instruction shall comply with statute (section 170.015, RSMo).
Yes	28. The district complies with statute related to posting child abuse and neglect hotline information (section 160.975.1, and 210.145, RSMo).
Yes	29. The district shall determine a child is gifted only if the child meets the definition of "gifted children" as provided in section 162.675, RSMo (section 162.720, RSMo).

#### NOT APPLICABLE FOR 2016-2017

30. The district ensures that the Pledge of Allegiance to the flag of the United States of America is recited in at least one scheduled class of every pupil enrolled in the school no less often than once per school day (section 171.021, RSMo).
31. The district ensures that all students entering ninth grade after July 1, 2017 pass an examination on the provisions and principles of American civics as required by section 170.345, RSMo (section 170.345, RSMo).
32. Beginning in the 2017-18 school year and subsequent years, prior to graduation pupils must receive thirty minutes of cardiopulmonary resuscitation instruction and training in the proper performance of the Heimlich maneuver or other first aid for choking. Instruction is included in the districts existing health or physical education curriculum (section 170.310, RSMo).
33. Beginning in the 2018-19 school year and each subsequent year, each public school shall conduct dyslexia screenings for students and provide reasonable classroom support consistent with guidelines developed by DESE (section 167.950, RSMo).
34. Beginning in the 2018-19 school year and each subsequent year, the school district shall offer two hours of inservice training for all practicing teachers regarding dyslexia and related disorders (section 167.950, RSMo).
35. By July 1, 2018, the district will have adopted a youth suicide awareness and prevention policy that includes plans for how the district will provide for the training and education of district employees consistent with the requirements in section 170.048, RSMo (section 170.048, RSMo).
36. By July 1, 2018, the district will have adopted a policy and implemented a measurable system for identifying students in their ninth grade year, or students who transfer into the school subsequent to their ninth grade year who are at risk of not being ready for college or entry level career positions consistent with the requirements in section 167.905, RSMo (section 167.905, RSMo).
37. The district shall provide the address of the trauma-informed website developed by DESE to all parents before October first of each school year (section 161.1050, RSMo) once developed.

## Appendix III

### GLOSSARY OF TERMS/ACRONYMS

CAC	Child Advocacy Center
CA/N	Child Abuse and Neglect
CASA	Court Appointed Special Advocates
CD	Children's Division
GAL	Guardian Ad Litem
Interim Task Force	Current group convening to implement task force requirement in 2013 legislation, Section 160.2100, RSMo
JO	Juvenile Officer
LE	Law Enforcement
Mandated Reporter	Any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by Section 352.400, RSMo, peace officer or law enforcement official, or other person with responsibility for the care of children (Section 210.115, RSMo)
MDT	Multidisciplinary Team
OSCA	Office of State Courts Administrator
PA	Prosecuting Attorney
SAFE-CARE Network	The Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) network was founded in 1989. The network provides statewide training to physicians and nurse practitioners in the medical evaluation of alleged victims of child sexual abuse, physical abuse and neglect. In turn, network physicians and nurse practitioners provide community and professional education regarding child maltreatment. The Missouri Department of Health and Senior Services administers the SAFE-CARE program and provides oversight.
Task Force	Original work group, created in 2011, charged with studying and identifying strategies for preventing child sexual abuse